

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## *Ohio--Increasing Timely Access to Services*

### **Issue: Electronic Communication Between Case Managers and Providers**

#### Summary

A home and community-based services program in Ohio is using electronic communication between case managers and providers to streamline identification of service providers for program participants. Program staff have found electronic communication greatly reduces the time required to find available providers when compared with telephone or fax communication.

#### Introduction

Case managers can spend a great deal of time finding available service providers when people first receive publicly funded long term supports. Meanwhile, people are waiting for needed services to begin. Case managers usually call or fax providers to find out whether they can serve an additional person. Due to the short supply of front line workers, often many providers are contacted before finding one willing to accept new people. A locally funded home and community-based services program in southwestern Ohio uses electronic communication with providers to reduce the time case managers spend identifying available providers.

**Electronic communication reduces the time case managers spend calling or faxing providers.**

This report describes how electronic communication is used in the Elderly Services Program (ESP), its origins, and its impact. This document is based on interviews with staff from the Area Agency on Aging (AAA) that administers ESP, the company that developed the software, and ESP service providers. A report about ESP prepared by the AAA's Chief Executive Officer for The Center for Health Care Strategies, Inc. also informed this report.

#### Background

The ESP is a home and community-based services program for older people with disabilities funded by county property tax levies.

Voters in Hamilton County, which includes Cincinnati, first approved ESP in 1992. Voters also approved ESP in suburban Butler County in 1996 and in rural Clinton County in 1998. ESP serves people age 65 and older in Hamilton and Clinton Counties, and people age 60 and older in Butler County. ESP pays for a variety of services for people with limited financial resources who are not eligible for Medicaid. Some consumers pay part of the costs based on a sliding scale. The largest of the programs, in Hamilton County, serves an average of 3,700 people each month.

The Council on Aging of Southwestern Ohio (COA) oversees ESP in all three counties, with responsibility for quality assurance, information systems, and general administration. COA also performs assessments and case management in Hamilton County, whereas local social service agencies perform these roles in the other two counties.

#### Intervention

Most people access ESP with a call to the prominently publicized ESP phone number in their county. People who need long term supports or their family members make most calls, but health care professionals and social workers also call frequently. Intake staff conduct a brief screening to learn the person's functional limitations and ask for financial information to determine whether the person may qualify for ESP. If the person does not qualify for ESP, intake staff refer them to other services, including Ohio's Medicaid home and community-based service waivers.

If the person is initially determined eligible for ESP, a case manager is assigned. The case manager schedules an in-person assessment that verifies and adds to information collected by intake staff. The assessment is typically conducted 7 to 10 days after the initial call. At the assessment, the case manager and consumer develop a plan of care, which identifies ESP and other services that will help the person live independently in the community.

The case manager then sends an electronic notification called a Request for Services (RFS). The case management software system automatically sends the RFS only to providers in the person's geographic area that offer the services specified in the person's plan of care. If the person indicates a particular provider is preferred, the case manager sends the RFS only to that provider. If the person does not want service from a particular provider, the case manager can limit the RFS according to the person's preference.

**Notification is sent only to providers in the person's geographic area.**

The RFS contains the person's name and address, the service in the care plan offered by the provider, and other basic information necessary to provide ESP services. Providers have 24 hours to respond to the RFS, indicating whether or not they can provide the service.

The electronic communication occurs over the Internet. The data is stored on a server operated by the Council on Aging (COA). Providers log onto an Internet site to read and respond to the RFS. To protect the confidentiality of individual's data, each provider has a different user code and password to access the system. A provider's access is limited to information necessary for its business.

Electronic communication can also save case managers time when a care plan is changed. If a person and case manager decide more or less of a service is needed, the case manager only needs to update the care plan information in the system. The computer system automatically notifies the service provider of the change. The same automatic notification is available if a person is no longer eligible for services or chooses to discontinue services.

## Implementation

The cost of implementing this system of electronic communication is largely a function of the number of participating providers. COA recently purchased updated case management software licenses for its staff and about 80 providers for approximately \$150,000. This price is an estimate for one system from one vendor for one particular agency, and costs may vary. Also, this price is for an entire case management system, where electronic communication with providers is only one feature of the system. COA did not measure the implementation cost of the communication feature separately.

The time and effort required to implement and maintain an information system including electronic communication with providers also varies according to the number of providers. The arrangement described here (three counties and approximately 80 providers) would take about six months to implement. COA staff estimate that ongoing support for electronic communication with providers requires less than the equivalent of a full-time information system support person.

The wide variation in information system sophistication among home and community-based providers increased the difficulty of training. ESP services include home health care, adult day care, personal care, medical transportation, and home delivered meals. Providers of these services have a wide variety of information system experience.

## Impact

Electronic communication may be particularly useful for case management agencies with high caseloads. Council on Aging staff report ESP case managers carry higher caseloads than case managers for a Medicaid HCBS waiver, working for the same agency, who do not use this electronic communication.

**Electronic communication may be useful for case management agencies with high caseloads.**

While electronic communication has helped the case management agency, providers interviewed for this report said it has not placed an additional burden on them. A few providers

reported electronic communication, when compared to phone calls, reduced mistakes because the correspondence was written.

### **Contact Information**

For more information about this case management software system, please call

Arlene de Silva, Chief Operating Officer of the Council on Aging of Southwestern Ohio, at (513) 345-8611 or [desilva@help4seniors.org](mailto:desilva@help4seniors.org). Information about the Elderly Services Program is also available at <http://www.help4seniors.org>.

### **Some Discussion Questions:**

**Does the time saved by the case manager from electronic communication outweigh the initial cost of implementing the technology?**

**Are the benefits of electronic communication with providers greater in urban areas than in rural areas?**

One of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.